

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089779

Entity Name: GARBITU, INC.

FILED  
Apr 21, 2004  
Secretary of State

**Current Principal Place of Business:**

312 MINORCA AVE STE #100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**  
312 MINORCA AVE STE #100  
CORAL GABLES, FL 33134

**New Mailing Address:**

2036 HIGH GLEN COURT S.  
LAKELNAD, FL 33813

FEI Number: 20-0223369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BODIN, GLORIA R  
2655 LEJEUNE ROAD STE #1001  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: CONTRERAS LANDER, IGNACIO G  
Address: 312 MINORCA AVE STE #100  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: IRIBARRE, GUILLERMO  
Address: 312 MINORCA AVE STE #100  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: CONTRERAS, GUSTAVO  
Address: 312 MINORCA AVE STE #100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO G CONTRERAS

DPT

04/21/2004

Electronic Signature of Signing Officer or Director

Date